



Autumn Glory Senior's Retreat

Registration Form 2022

Camper Information: please fill out one form per person

Name: _____ Date of Birth: _____

Address: _____

City: _____

Province/State: _____ Postal/Zip Code: _____

Phone Number: _____ Email Address: _____

Retreat Selection - Circle the Retreat you will be attending:

Week#1 September 16 - 20, 2022

Pastor: Bill Johnston

Week #2 September 23 - 27, 2022

Pastor: Brian Lofthouse

Accommodations: All accommodations are offered on a first come, first served basis according to needs

***Meals** provided from Friday supper to Tuesday breakfast

Please check the one which applies to you:

I will be bringing a RV or Camper - cost \$184 + tax per person

I will require camp accommodations - cost \$326 + tax per person

The following is a list of the available accommodations, **please circle your first preference:**

Upper Lodge

Lower Lodge

Chalet Lower

Chalet Upper

Ahmic View

Camping Site

Roommate Request(s): Please list those your wish to room with

Roommate(s) requested: _____

Cancellation Policies:

- Cancellations made before August 15th - the deposit is refunded minus a \$30 cancellation fee
- Cancellations made between August 16th and 2 weeks prior to the arrival date - the deposit becomes non-refundable
- Cancellations made less than 2 weeks prior to the arrival date - deposit becomes non-refundable and the full amount of your registration is due in full

Note: Cancellations made as a result of medical emergencies will be considered on a case-by-case basis at the discretion of the director.

Payment: Please make cheques payable to 'Camp Kahquah'

A deposit of \$75.00 per person is required, for each person you are registering.

Enclosed is a payment in the amount of \$_____

Medical and Emergency Information:

Do you have any medical, dietary, or physical issues that you would like us to be aware of? This information is for our use only and will be used to help us in our planning. It will help us to make Camp safer and healthier for everyone.

Emergency Contact Name: _____ **Phone #** _____

Family Doctors Name: _____ **Phone #** _____

Where do I mail my registration form with payment?

Mail to: Pauline Cober
121 David Street,
Wellesley ON. N0B 2T0

If you have any questions please call Pauline 705-387-3923 ext 3

Office Use Only

Date Received:	Cheque #	Cheque Amount	Accommodation Requested: